

Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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SEP 12 2001

TECH CENTER 1600/2900

In re Application of:

Baron, et al

Application No: 09/021,660

Filed: February 10, 1998

For: Methods for Modulating  
Hematopoiesis and Vascular Growth

Examiner: C. Kaufman

Art Unit: 1646

Attorney Document No. HUIP-P01-060

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

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on June 4, 2001  
Date

  
Karen DiRocco

**REQUEST FOR CORRECTION OF FILING RECEIPT**

Office of Initial Patent Examination  
Customer Service Center  
Assistant Commissioner for Patents  
Washington, DC 20231

Sir:

Please make the following corrections in the formal Filing Receipt, a copy of which is enclosed and highlighted for your convenience, for the above-identified patent application:

Under the heading of Applicant(s), please correct the spelling from Belaussoff to read "Belaussoff".

A copy of the Filing Receipt with the change noted thereon is submitted herewith.

Should there be any questions concerning this request, the Examiner is invited to contact the undersigned at (617) 951-7000.

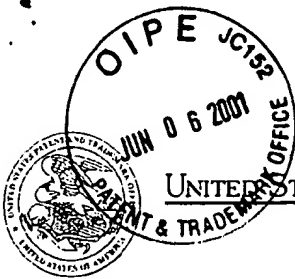
Respectfully Submitted,



David P. Halstead  
Reg. No. 44,735  
Tel. (617) 951-7000  
Fax. (617) 951-7050

Date: June 4, 2001

Customer No: 28120  
Patent Group  
Ropes & Gray  
One International Place  
Boston, MA 02110



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WASHINGTON, D.C. 20231  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/021,660	02/10/1998	1646	1038	1877-110	21	56	7

CONFIRMATION NO. 4751

CORRECTED FILING RECEIPT



\*OC000000005922633\*

THE PATENT GROUP  
FOLEY, HOAG AND ELIOT, LLP  
ONE POST OFFICE SQUARE  
BOSTON, MA 02109

Date Mailed: 03/30/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

MARGARET H. BARON, CAMBRIDGE, MA;  
SARAH M. FARRINGTON, CAMBRIDGE, MA;  
MARIA BELAUSSOFF, CAMBRIDGE, MA;  
*BELAUSSOFF*

**F&G**

Docket No.: *HUV-POI-060*

Action: *Request corrected FR.?*

Stat. Deadline: \_\_\_\_\_

**Assignment For Published Patent Application**

THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE,;

**Continuing Data as Claimed by Applicant**

**Foreign Applications**

If Required, Foreign Filing License Granted 04/20/1998

Projected Publication Date: 07/12/2001

Non-Publication Request: No

Early Publication Request: No

**\*\* SMALL ENTITY \*\***

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APR 04 2001

PAT. DEPT.  
DOCKETING

**Title**

METHODS FOR MODULATING HEMATOPOIESIS AND VASCULAR GROWTH

**Preliminary Class**

435

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**Data entry by :** RIMANDO, EMELITA

**Team :** OIPE

**Date:** 03/30/2001



**LICENSE FOR FOREIGN FILING UNDER  
Title 35, United States Code, Section 184  
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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**PLEASE NOTE the following information about the Filing Receipt:**

- The articles such as "a," "an" and "the" are not included as the first words in the title of an application. They are considered to be unnecessary to the understanding of the title.
- The words "new," "improved," "improvements in" or "relating to" are not included as first words in the title of an application because a patent application, by nature, is a new idea or improvement.
- The title may be truncated if it consists of more than 600 characters (letters and spaces combined).
- The docket number allows a maximum of 25 characters.
- If your application was submitted under 37 CFR 1.10, your filing date should be the "date in" found on the Express Mail label. If there is a discrepancy, you should submit a request for a corrected Filing Receipt along with a copy of the Express Mail label showing the "date in."
- The title is recorded in sentence case.

Any corrections that may need to be done to your Filing Receipt should be directed to:

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Baron, et al.  
Application No.: 09/021,660 Art Unit: 1646  
Filed: February 10, 1998 Examiner: C. Kaufman  
For: METHODS FOR MODULATING HEMATOPOIESIS AND VASCULAR GROWTH

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

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on June 4, 2001  
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Karen DiRocco

**CHANGE OF ATTORNEY DOCKET NUMBER**

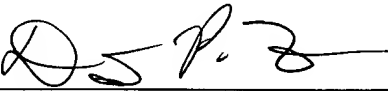
Assistant Commissioner for Patents  
Washington, DC 20231

Dear Sir:

Please note that the Attorney Docket Number has been changed from  
HUV-060.01 to HUIP-P01-060. Please reference HUIP-P01-060 on all future correspondence.

Respectfully submitted,

ROPES AND GRAY

By 

David P. Halstead  
Registration No.: 44,735  
Telephone: (617) 951-7000  
Facsimile: (617) 951-7050

Boston, Massachusetts 02110  
Dated: June 4, 2001



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9/19/01



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Bib Data Sheet

CONFIRMATION NO. 4751

<b>SERIAL NUMBER</b> 09/021,660	<b>FILING DATE</b> 02/10/1998 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 1874/110
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**APPLICANTS**

MARGARET H. BARON, CAMBRIDGE, MA;  
SARAH M. FARRINGTON, CAMBRIDGE, MA;  
MARIA BELAOUSSOFF, CAMBRIDGE, MA;

**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 04/20/1998**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 56	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

28120

**TITLE**

METHODS FOR MODULATING HEMATOPOIESIS AND VASCULAR GROWTH

<b>FILING FEE RECEIVED</b> 1038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
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